

Name
in
Full

Ollie Esther Bentley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Easton ^{County} Talbot **MARYLAND**

Date of death 1906 ^{Month} 11 ^{Day} 22 ^{Years} 0 ^{Months} 5 ^{Days} 14

Sex Female Color or Race African Birth-place Easton Md

Occupation --- Where Residing if not at place of death

~~Married, Single~~
~~or Widowed~~~~Name of Wife or~~
~~Husband~~Father's
NameWilliam BaileyFather's
BirthplaceVa.Mother's
Maiden NamePela Odessa BentleyMother's
BirthplaceEaston MdName of person giving
InformationPreston BentleyHow related
to deceasedGrandfather

CAUSES OF DEATH

Primary

Cholera Infantum

How long

3 weeks

Immediate

Exhaustion

How long

2 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

J. D. Willson M.D.
Easton Md

Accident or Suicide?



Name
In
Full

William Brooks

CERTIFICATE OF DEATH

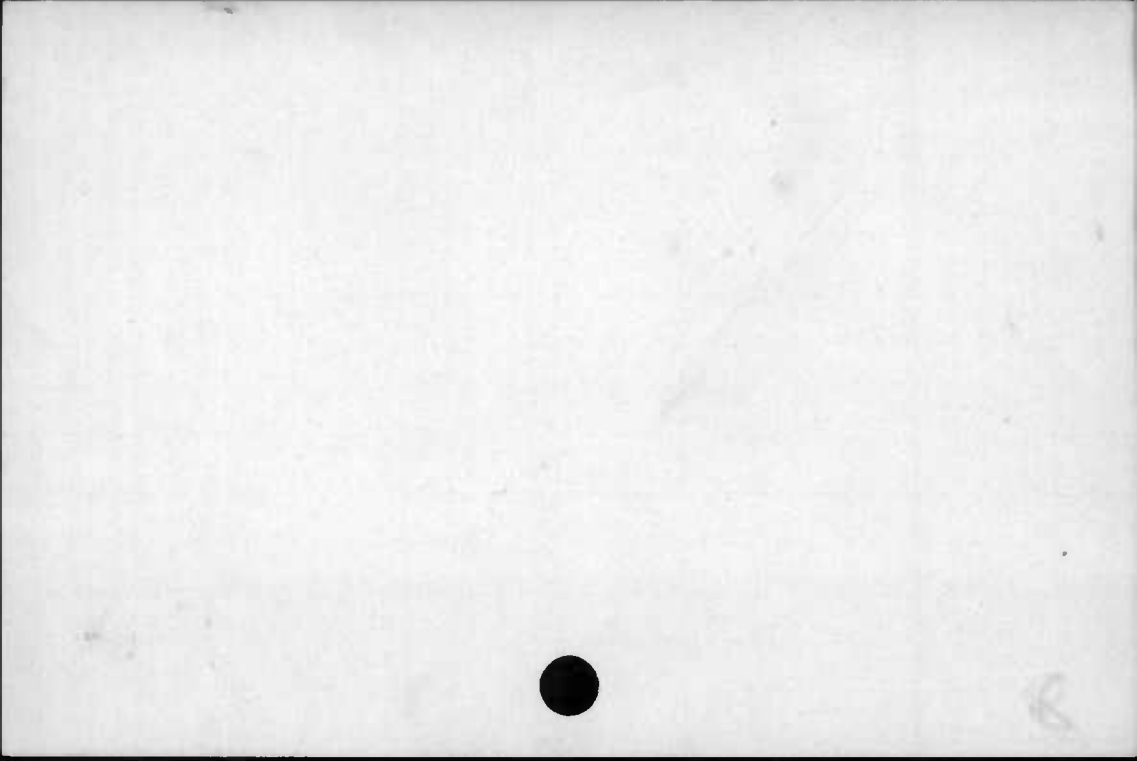
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov.	4	12 hours			
Sex		Color or Race		Birth-place			
male		Colored		Easton			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
William Bailey				Easton			
Mother's Maiden Name				Mother's Birthplace			
Adele Summers				Easton			
Name of person giving information				How related to deceased			
John W. Brooks				Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Premature, probably not	How long
Immediate	8 mo.	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Merritt Burke M.D.
		Address
		N. Aurora St.
		Easton Md.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

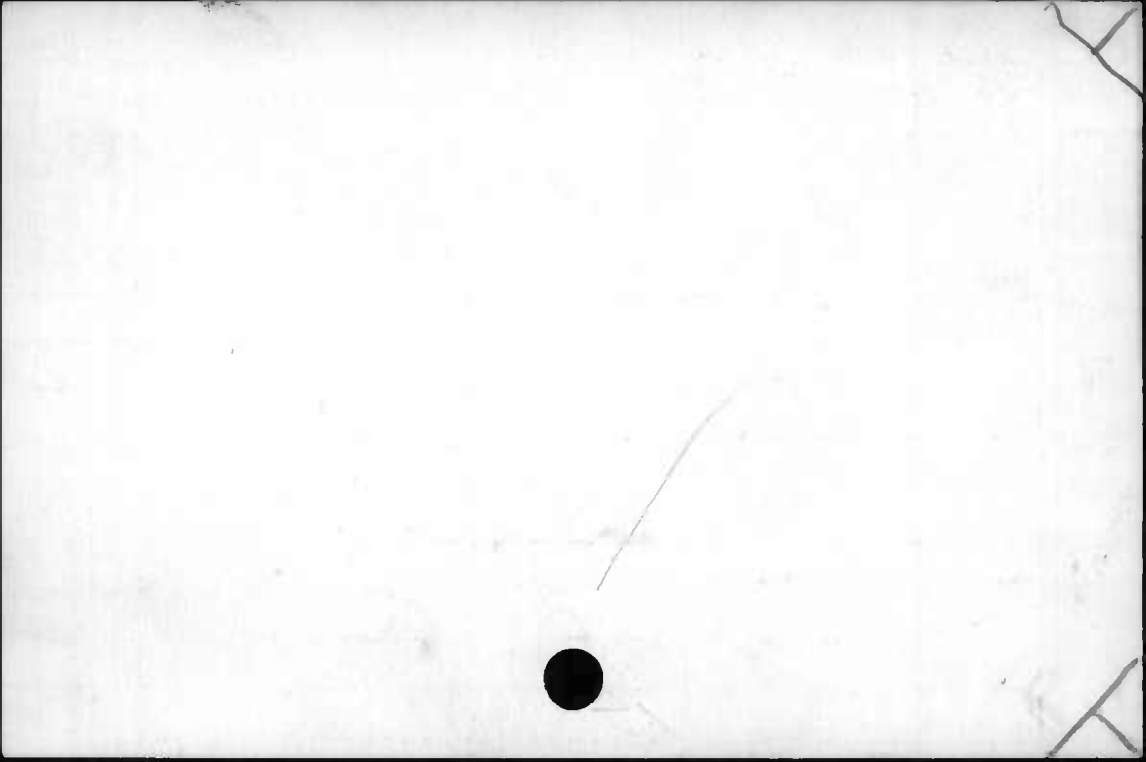
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wye Mills</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>11</i>	Day <i>12</i>	Age <i>70</i>	Years <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Maryland</i>	
Occupation <i>Druggist</i>			Where Residing if not at place of death <i>Wye Mills</i>		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>not known</i>			
Father's Name <i>not known</i>			Father's Birthplace <i>etc</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace		
Name of person giving information <i>Walter Brown</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholism</i>	How long <i>5 days</i>
Immediate <i>Heart failure</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Slack M.D.</i>
	Address <i>Wye Mills, Md.</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

Beatrice Camper

CERTIFICATE OF DEATH

Died at ^{Town} near Easton^{County} Talbot

MARYLAND

Date of death 1906 Nov.

Day 26

Age Years 0

Months 9

Days 3

Sex Female

Color or Race

White

Birthplace

Easton, Md.

Occupation

Infant

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Victor Camper

Father's Birthplace

Talbot Co. Md.

Mother's Maiden Name

Jennie Haddock

Mother's Birthplace

Talbot Co. Md.

Name of person giving information

Victor Camper

How related to deceased

Father

CAUSES OF DEATH

Primary

acute double Cataractal Pneumonia

How long

36 Hrs.

Immediate

Exhaustion

How long

few hrs.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Chas. F. Davidson

Address

Easton, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

28. Eastern

Name
In
Full

Mary Ann Clarke.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died near <i>near</i>		Town <i>Trappe</i>		County <i>Calvert</i>			
Date of death <i>1906</i>	Month <i>11</i>	Day <i>6</i>	Age <i>64</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birthplace <i>Calvert Co Md</i>				
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Harper</i>		Father's Birthplace <i>Calvert Co Md</i>					
Mother's Maiden Name <i>Caroline Hebb</i>		Mother's Birthplace <i>Calvert Co Md</i>					
Name of person giving information <i>Charles Hebb</i>		How related to deceased <i>son</i>					

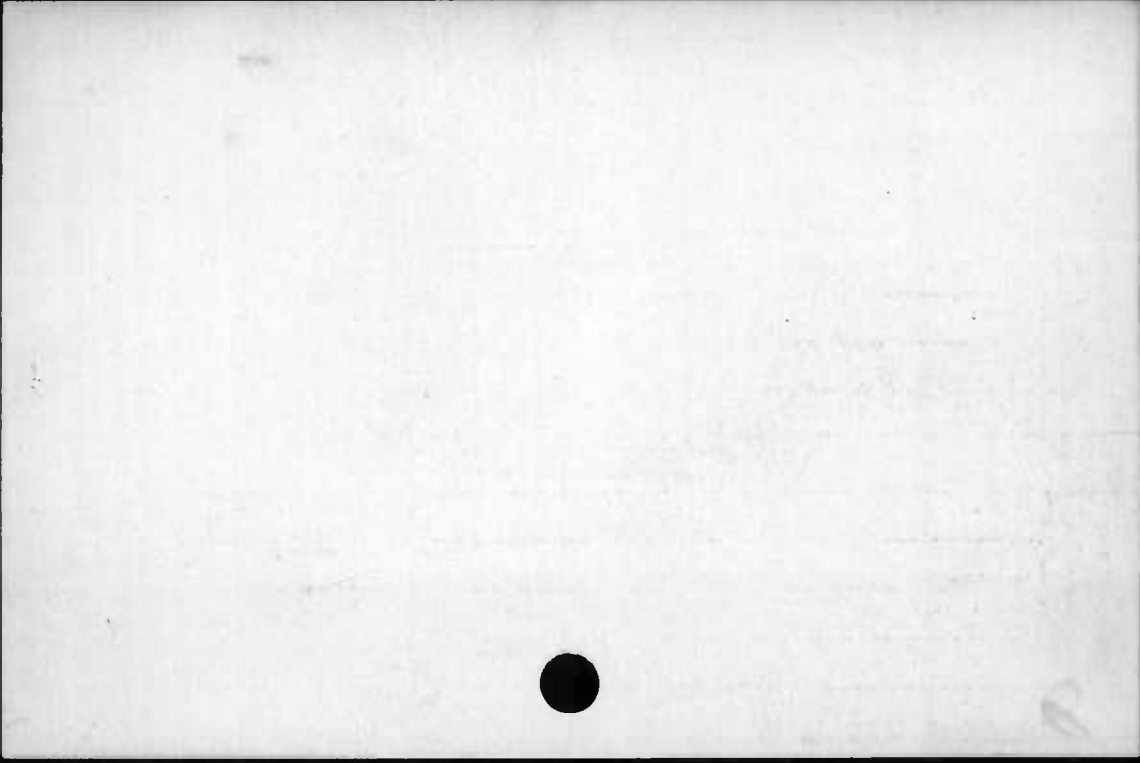
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of Heart.</i>	How long	<i>Don't know</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Joseph A. Ross, M.D.</i>	
		Address <i>Trappe Calvert Co Md</i>	
Accident or Suicide? <i>—</i>			



Name in Full		CERTIFICATE OF DEATH			
Samuel T. Cooper		MARYLAND			
Died at Farm ^{Town} Glenwood ^{County} Talbot Co					
Date of death 1906		Month Nov. 6	Day Monday	Age 39	Months — Days —
Sex Male	Color or Race Col. Man	Birth-place Miles river neck			
Occupation Farm Hand	Where Residing If not at place of death		Place of death		
Married, Single or Widowed Married	Name of Wife or Husband Annie Cooper				
Father's Name Henry Cooper	Father's Birthplace Don't know				
Mother's Maiden Name Kate Jenkins	Mother's Birthplace Don't know				
Name of person giving information Solomon Cooper	How related to deceased Brother				
CAUSES OF DEATH					
Primary Acute Gastritis	<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 40px; margin: 0 auto;">116</div>		How long 2 wks -		
Immediate Peritonitis			How long few days		
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas. J. Anderson		Address Easton Md	
Accident or Suicide?					



Name

in
Full

Mrs Eva Estelle Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov	27	29		2	13
Sex		Color of Race		Birth-place			
Female		White		Easton			
Occupation				Where Residing if not at place of death			
Housewife				Easton			
Married, Single or Widowed		Name of Wife or Husband					
Widow		Wm Howard Cox					
Father's Name				Father's Birthplace			
David F. George				E. N. Market			
Mother's Maiden Name				Mother's Birthplace			
Mary E. Hopkins				Easton			
Name of person giving information				How related to deceased			
Phoebe H. Cox				Brother-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis Pulmonaris of throat		How long	I found it - June 10 th 1905
Immediate	Exhaustion		How long	few weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
y ss		Chas. W. Dandridge	Easton, Md.	
Accident or Suicide?				



Name
in
Full

Annice M. Faulkner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trappe</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov.</u>	Day <u>16</u>	Years <u>39</u>	Months <u>9</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Talbot Co.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>William E. Faulkner</u>				
Father's Name <u>John E. Moore</u>	Father's Birthplace <u>Talbot Co.</u>				
Mother's Maiden Name <u>Sarah E. Fairbank</u>	Mother's Birthplace <u>Talbot Co.</u>				
Name of person giving information <u>Mr. E. Faulkner</u>	How related to deceased <u>Son-in-law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Bronchitis & Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Acute dilation of heart</u>	How long <u>4 few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. S. Seymour</u>
	Address <u>Trappe Md.</u>
Accident or Suicide? <u>n.</u>	



Name
in
Full

Berry, Gamor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Ferry neck.

Town

Talbot County

Date of death 1906

Month NOV.

Day 8th

Years

Age 58

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Laborer

Where Residing if not
at place of death

F

Married, Single
or Widowed

Married

Name of Wife or
Husband

Fanny Gamor

Father's
Name

Don't know

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't know

Mother's
Birthplace

"

Name of person giving
in formation

W. J. Myers

How related
to deceased

None

CAUSES OF DEATH

Primary

Don't know

How long

Immediate

Apoplexy

How long

8 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

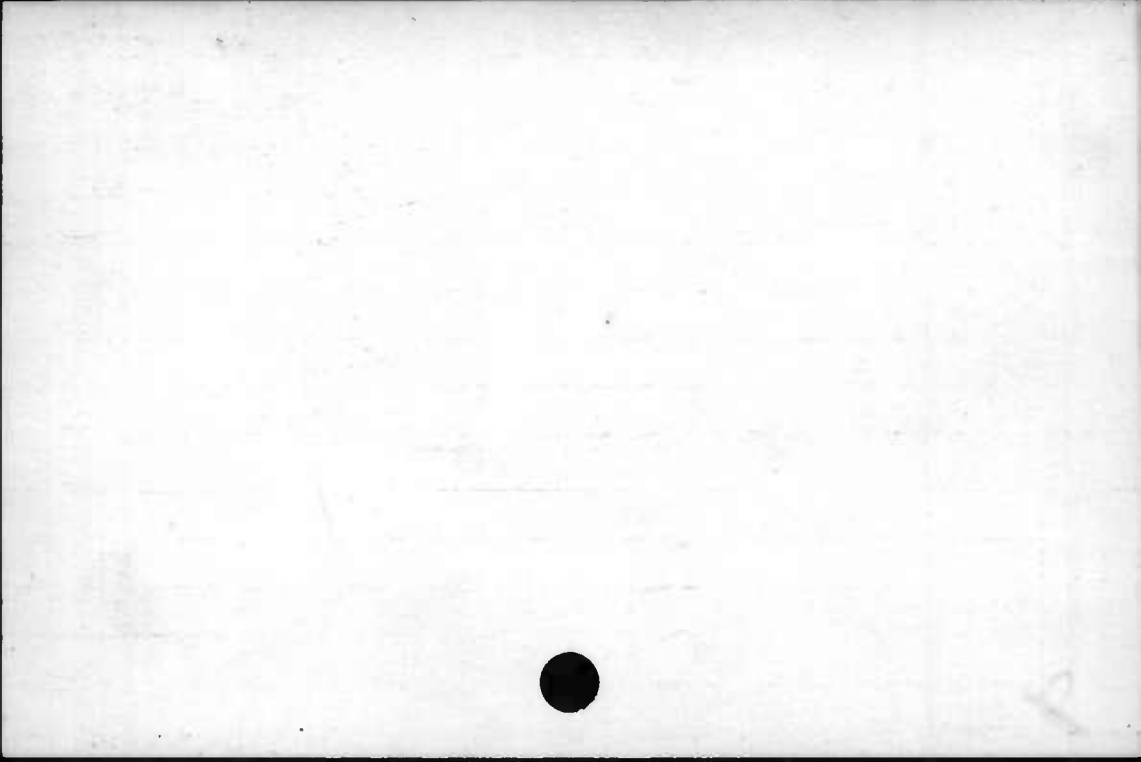
Samuel C. Telford

Address

Royal Oak, Md

Accident or Suicide?

—



Lucinda Gibson

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Leamington* Town

County
Tallahassee

MARYLAND

Date of death 1906

Day 16

Age 2 Years

Months

Days

Sex *Female*

Color or Race

Coe d

Birth-place *Talbot Co.*

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Irish.

Name of Wife or Husband

Father's Name Horace Gibson

Father's Birthplace *Jacob &*

Mother's
Maiden Name *Metta Chase*

Mother's Birthplace

Name of person giving
In formation

moth.

How related
to deceased

CAUSES OF DEATH

Primary

Primary Tubercular meningitis

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

yes

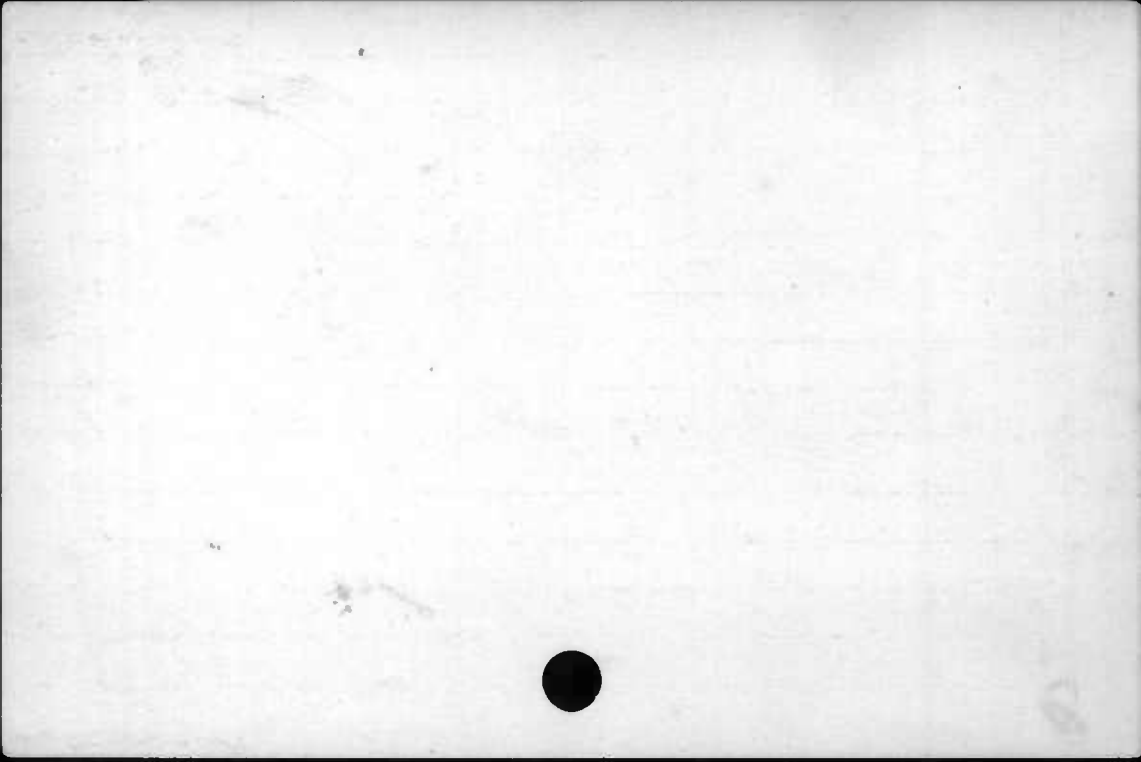
Accident or Suicide?

PHYSICIAN
OR CORONER

Ella Tripp

Bury at
Weymouth Nov 17/06

Name in Full		CERTIFICATE OF DEATH			
William Granger		Town St Michaels		County Talbot	
Died at		MARYLAND			
Date of death		Month Nov	Day 12	Years 68	Months 2
Sex Male		Color or Race White		Birthplace Maryland	
Occupation Caulker		Where Rending if not at place of death St Michaels Md			
Married, Single or Widowed Married		Name of Wife or Husband Mary E. Granger			
Father's Name _____		Father's Birthplace _____			
Mother's Maiden Name _____		Mother's Birthplace _____			
Name of person giving information Jas W. Granger		How related to deceased Son			
CAUSES OF DEATH					
Primary Gastritis + Peptic Ulcer		How long 3 Weeks			
Immediate Heart Failure		How long _____			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. C. D. Davis			
		Address St Michaels Md.			
Accident or Suicide?					



Name
In
Full

Catharine Holden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

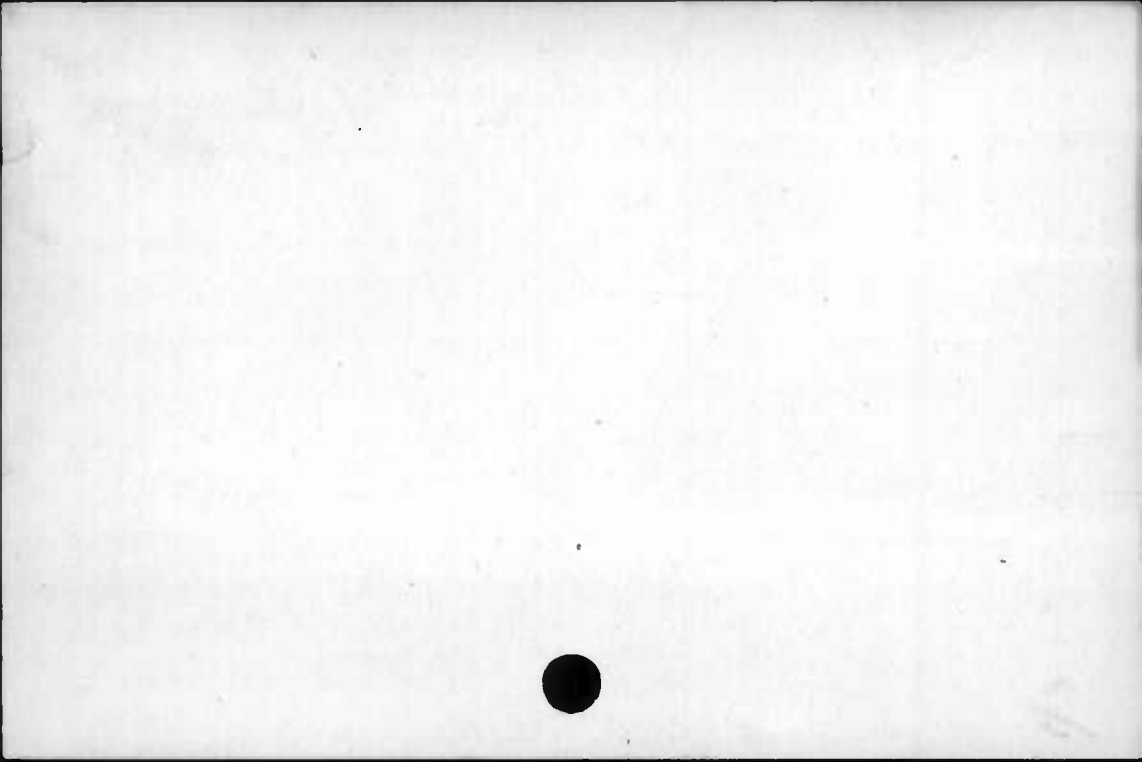
Died at		Town Hittman		County Talbott		MARYLAND	
Date of death	1906	Month 11	Day 17	Age 57	Years	Months	Days 20
Sex	Female		Color or Race	White		Birth-place	Baltimore
Occupation	Housewife			Where Residing if not at place of death		Hittman Md	
Marrled, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Mrs. Brandeau					How related to deceased	Friend

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Carcinoma of Uterus	How long	
Immediate	Asthenia of Cancer	How long	Two years
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		D. H. Wilson	
Address		Hittman	
Accident or Suicide?		no -	



Name
in
Full

Ellen Jackson

CERTIFICATE OF DEATH

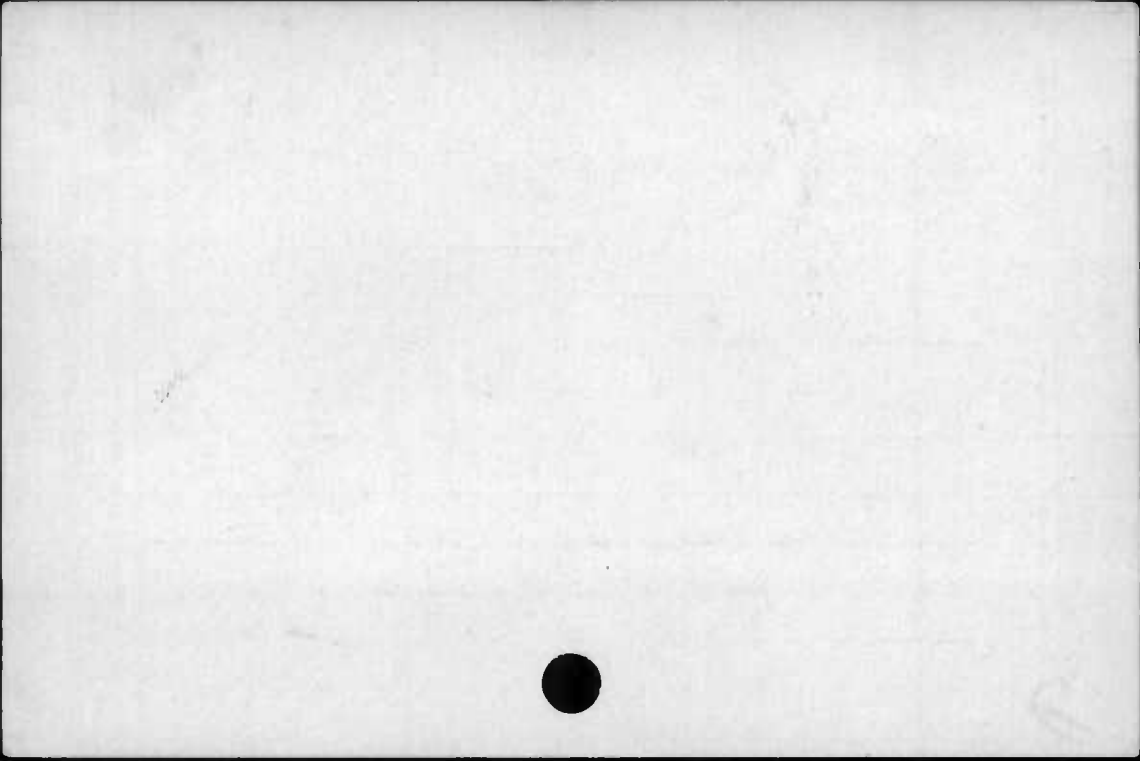
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>1901</i> <small>Year</small>		<i>November</i> <small>Month</small>	<i>15</i> <small>Day</small>	<i>Sept 57</i> <small>Years</small>	<i>Age Not Known</i> <small>Age</small>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Talbot County</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>St Michaels</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Don't Know</i>				
Father's Name <i>Jeremiah Bailey</i>		Father's Birthplace <i>Talbot Co</i>			
Mother's Maiden Name <i>Letice Not Known</i>		Mother's Birthplace <i>do</i>			
Name of person giving information <i>May Geneva Jones</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 weeks</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Harris</i>
	Address <i>St Michaels Md</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

William John J

CERTIFICATE OF DEATH

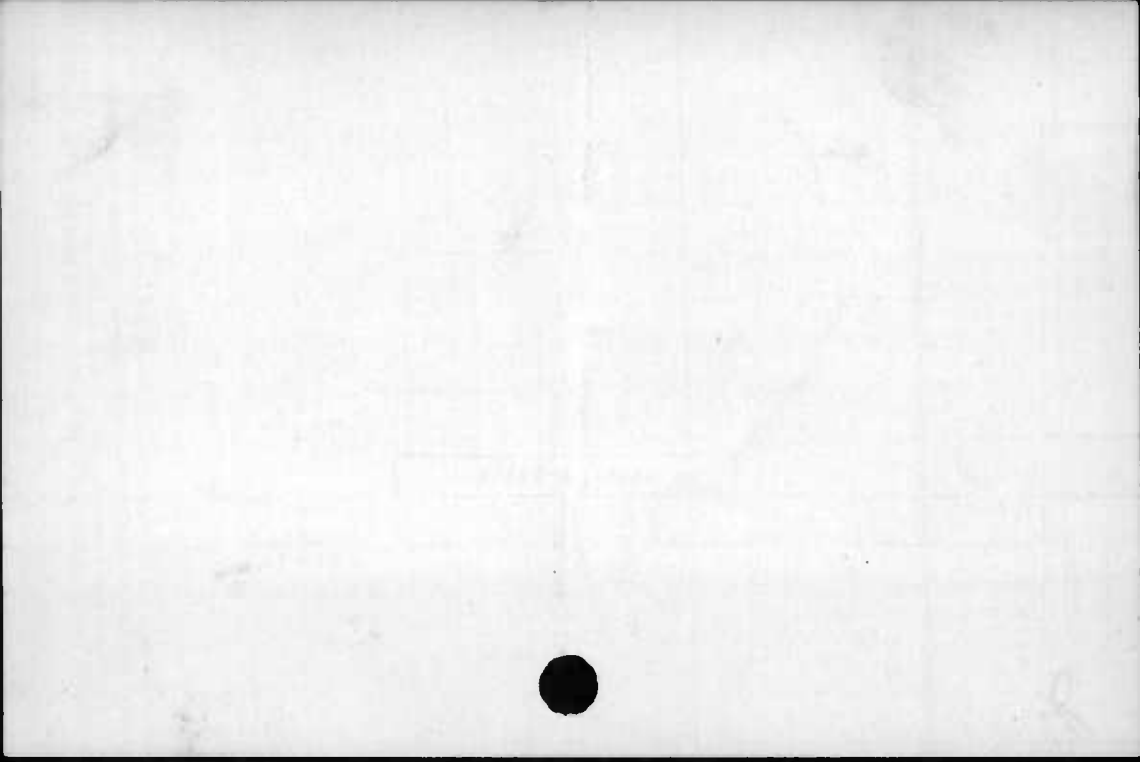
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Euston</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1906	Month	11	Day	21
Age		5		Months	Stillborn
Sex	male	Color or Race	Black	Birth-place	near Euston
Occupation			Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Wm John		Father's Birthplace
Mother's Maiden Name			Nellie Jane Roberts		Mother's Birthplace
Name of person giving information			Wm John		How related to deceased
			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pelvic infection</i>	How long
Immediate	<i>Asphyxia by uterine inertia</i>	How long
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician		<i>Wm Marshall J</i>
Address		<i>Euston</i>
Accident or Suicide?		<i>Maryland</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

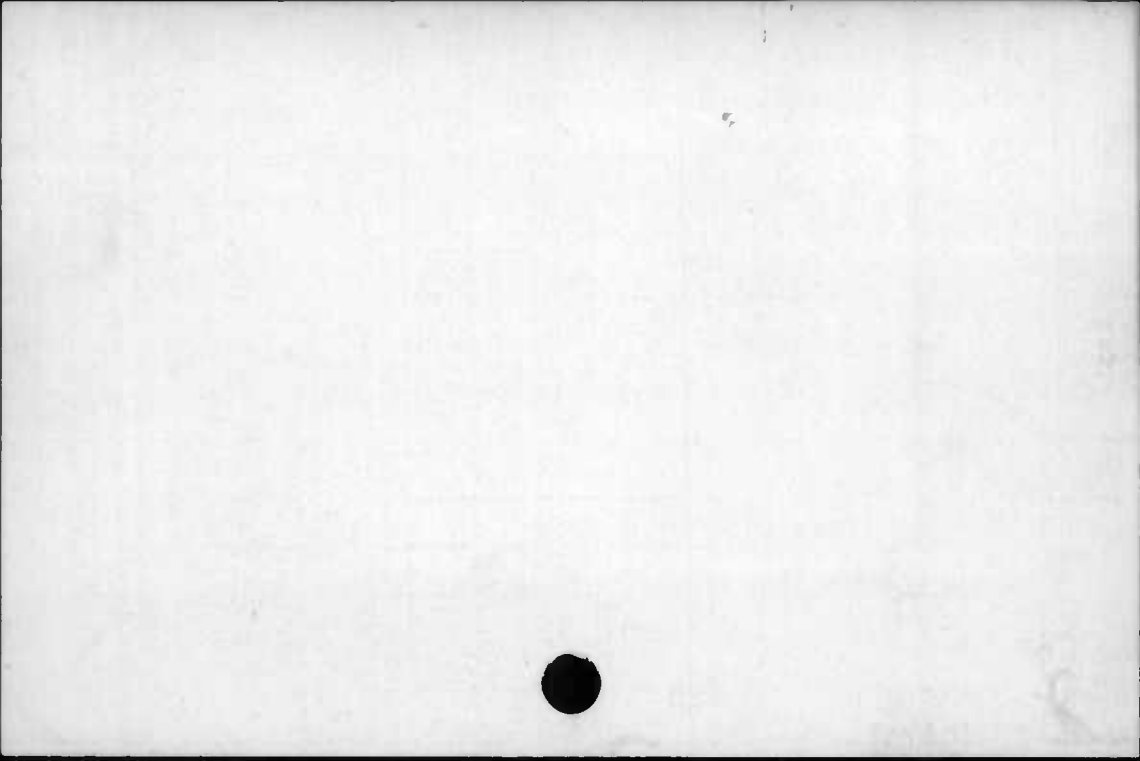
MARYLAND

Died at <u>Wittman</u> Town <u>Talbot</u> County			
Date of death <u>1906</u> <u>Nov</u> Month <u>24</u> Day <u>6</u> Years	Age <u>4</u> Months <u>24</u> Days		
Sex <u>Colored</u>	Color or Race <u>Female</u>	Birth-place <u>Talbot Co</u>	
Occupation <u></u>	Where Residing If not at place of death <u>Wittman Md</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>		
Father's Name <u>Theodore Johnson</u>	Father's Birthplace <u>Talbot Co</u>		
Mother's Maiden Name <u>Annie Hinson</u>	Mother's Birthplace <u>Talbot Co</u>		
Name of person giving information <u>Theodore Johnson</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Burns</u> <u>(167)</u>	How long
Immediate		How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. J. B. Sells</u>
		Address <u>St. Michaels</u>
Accident or Suicide? <u>Accident</u>		<u>Md</u>



Name
in
Full

Samuel H Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Earlton Md		County Talbott		MARYLAND	
Date of death		1906	Month Nov	Day 18	Age 39	Months	Days
Sex		Male		Color or Race		white	
Birth- place		Talbott Co					
Occupation				Where Residing if not at place of death			
loose table				X			
Married, Single or Widowed		married		Name of Wife or Husband			
Ella F Jones							
Father's Name		Samuel H Jones				Father's Birthplace	
Talbott Co							
Mother's Maiden Name		Elizabeth Jones				Mother's Birthplace	
Talbott Co							
Name of person giving information		Ella F Jones				How related to deceased	
wife							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Tumor	How long	2 yrs
Immediate	Pressure & Exhaustion	How long	3 mos
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. F. Handlin	
Address		Earlton, Md.	
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Allen Miller

Town

St. Michaels

County

Talbot

MARYLAND

Date

of death

1906

Month

Nov.

Day

9th

Age

Years

1

Months

3

Days

Sex

Female

Color or
Race

Negro

Birth-
place

St. Michaels

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Ethel Miller

Mother's
Birthplace

St. Michaels

Name of person giving
Information

Nellie Miller

How related
to deceased

Grand-mother

CAUSES OF DEATH

Primary

Broncho-pneumonia

How long

5 days

Immediate

Respiratory Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. A. Hope M.D.

Address

St. Michaels

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Louisa Newman

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Erytown^{County} Talbot

Date

of death 1906

Month

Nov.

Day

17

Years

Age

44

Months

Days

Sex

Female

Color or
Race

Negro

Birth-
place

Occupation

Housewife

Where Residing if not
at place of death

Joytown

Married, Single
or Widowed

Married

Name of Wife or
Husband

H. Frank

Newman

Father's
Name

Frisby Holland

Father's
BirthplaceMother's
Maiden Name

Doris Keow

Mother's
BirthplaceName of person giving
Information

H. Patchett

How related
to deceased

CAUSES OF DEATH

Primary

cardiac & Renal degeneration

How long

6 months

Immediate

adynamia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

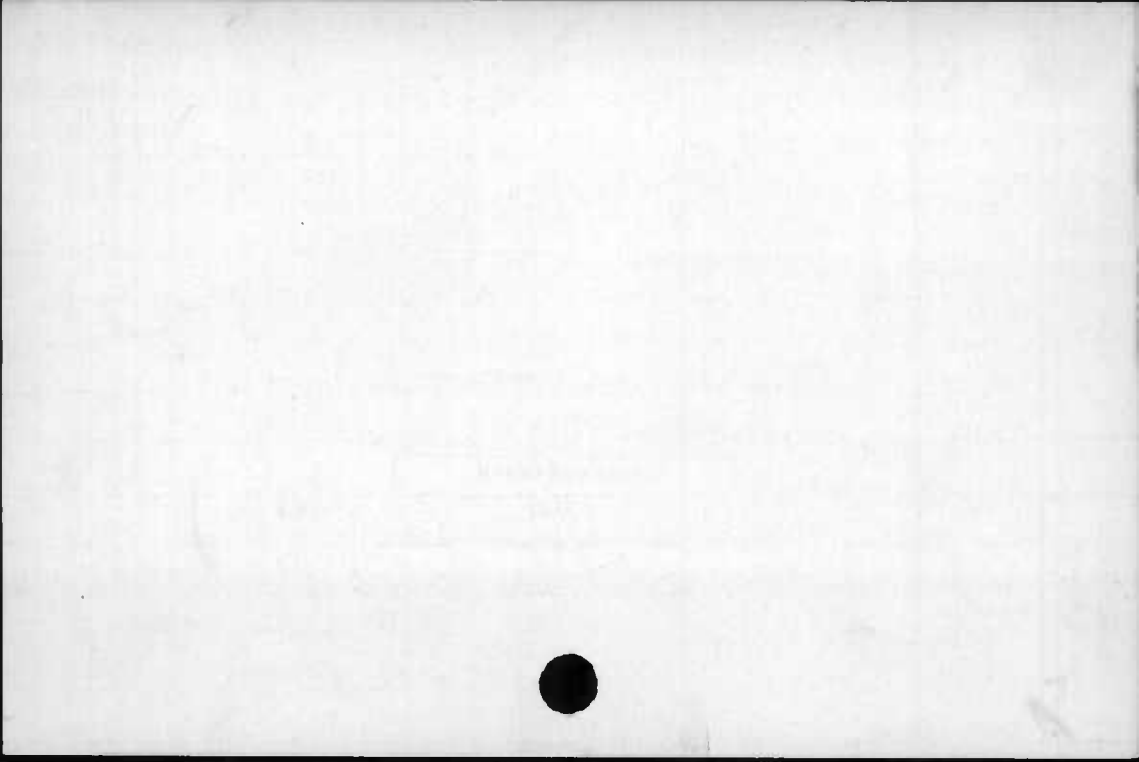
Signature of
Physician

Address

Wm Marshall
Easton
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

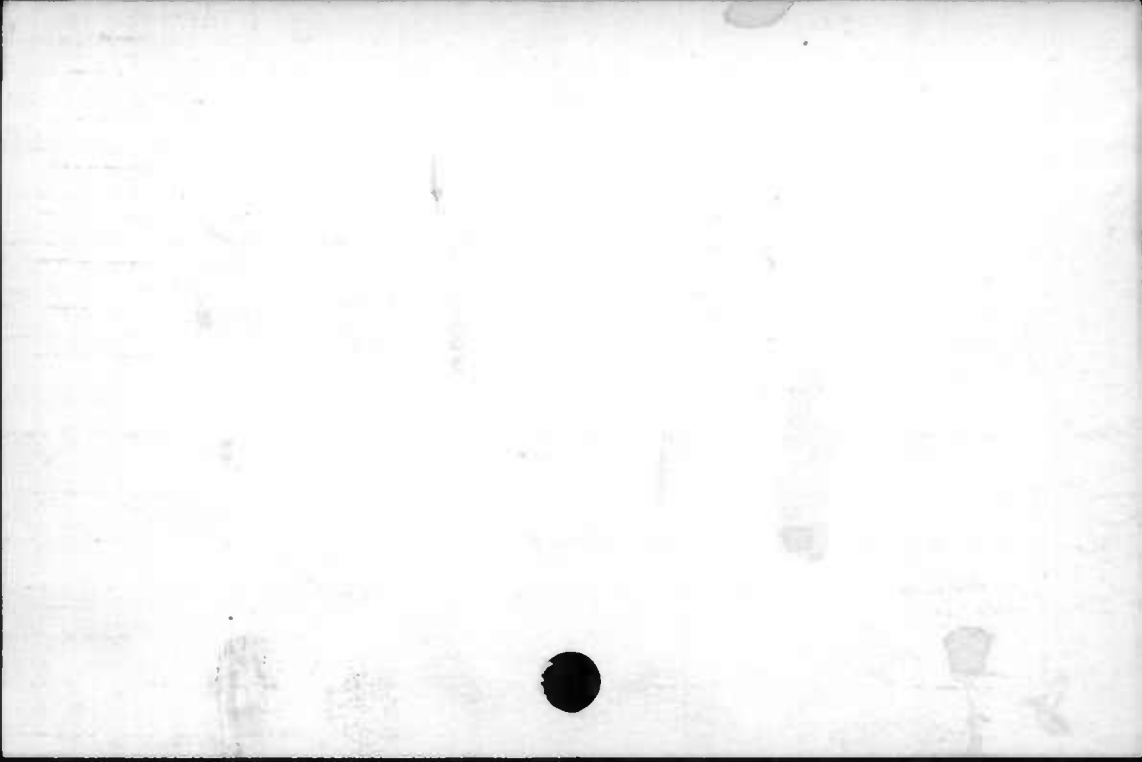
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tilghman</i>		Town <i>Tilghman</i>		County <i>Talbot</i>		State <i>MARYLAND</i>	
Date of death	<i>1906</i>	Month <i>11</i>	Day <i>1</i>	Age	<i>6</i>	Months <i>17</i>	Days
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Tilghman</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<i>William T. Phillips</i>				Father's Birthplace	<i>Talbot Co.</i>	
Mother's Maiden Name	<i>Nettie Amelia Leonard</i>				Mother's Birthplace	<i>11</i>	
Name of person giving information	<i>Mother</i>				How related to deceased	<i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>160</i>	How long	
Immediate	<i>Concussion of the Brain</i>	How long	<i>48 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. W. Charles</i>		
<i>Yes</i>	Address <i>Tilghman, Md.</i>		
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
Paul Strayen Pope		Town Oxford		County Talbot	
Died at		MAYLAND			
Date of death	1906	Month	Nov	Day	3
Age	1	Years	-	Months	4
Sex	Male	Color or Race	White	Birth-place	Talbot-la
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Child	Name of Wife or Husband Ida Pope			
Father's Name	Lehas W. Pope	Father's Birthplace Annapolis P.			
Mother's Maiden Name	Ida Whaley	Mother's Birthplace " "			
Name of person giving Information	Father	How related to deceased Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Whooping Cough & Diphtheria		How long	5 weeks
	Immediate	Congestion of the Lungs		How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	M. E. Jewnam + Br		Address		Oxford Maryland
Accident or Suicide?		Indeterminate			

Received May 27th

Name
in
Full

CERTIFICATE OF DEATH

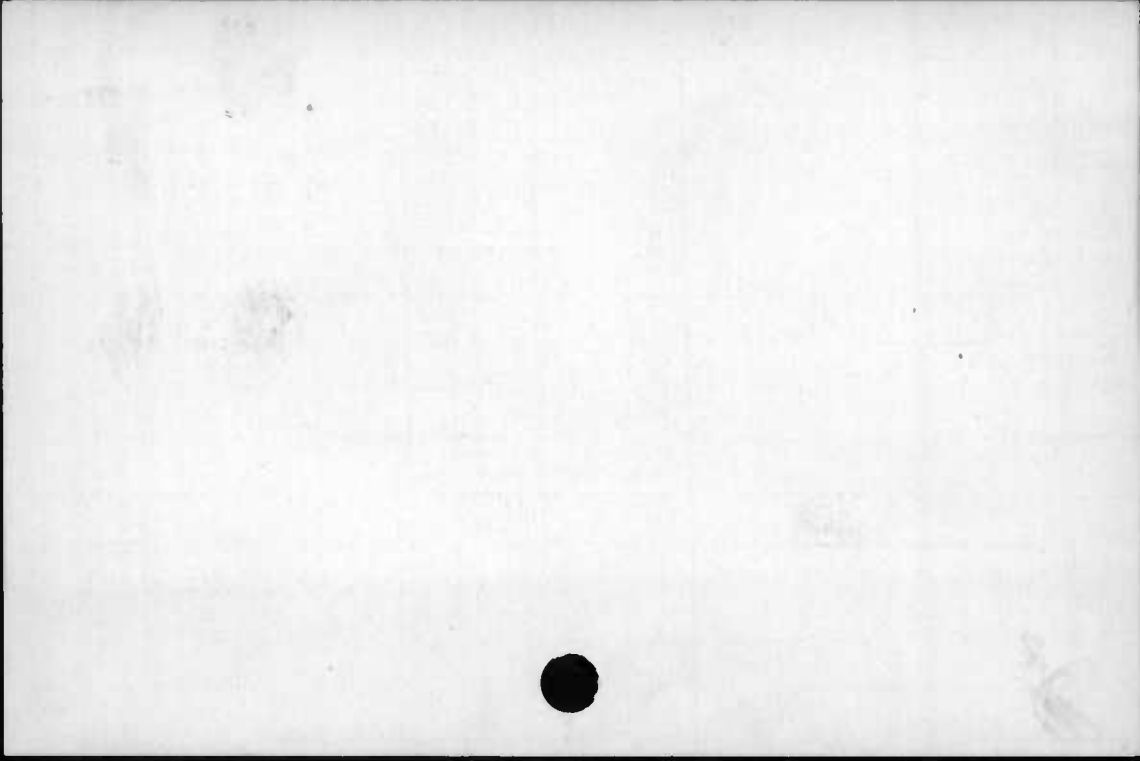
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Eliza Roberts</i>		Town <i>near Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>6</i>		Years <i>92</i>	
Date of death <i>1906</i>				Age <i>92</i>		Months <i>—</i>	
Sex <i>female</i>		Color or Race <i>colored</i>		Birth-place <i>Talbot Co.</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Perry Robert</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Mrs. Roberts</i>		How related to deceased <i>grandson</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>senile debility</i>	How long <i>154</i>
Immediate <i>nephritis</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. B. Hazard</i>
<i>yes</i>	Address <i>Easton Md.</i>
Accident or Suicide?	



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died *near* *Easton* ^{Town}*Slow*
Salbu ^{County}Date
of death *1906*Month
*11*Day
4

Age

Years

Months

Days

Sex

*male*Color or
Race*negro*Birth-
place*same -*

Occupation

*lumber*Where Residing if not
at place of death*same -*Married, Single
or Widowed*Single*Name of Wife or
Husband*same -*Father's
Name*Matthew Slow.*Father's
Birthplace*Falton Co Ind*Mother's
Maiden Name*Elega Ann Newnam*Mother's
Birthplace*" " "*Name of person giving
information*George E Slow*How related
to deceased*Uncle*

CAUSES OF DEATH

Primary

Renature Brit

How long

151

Immediate

Renature Brit

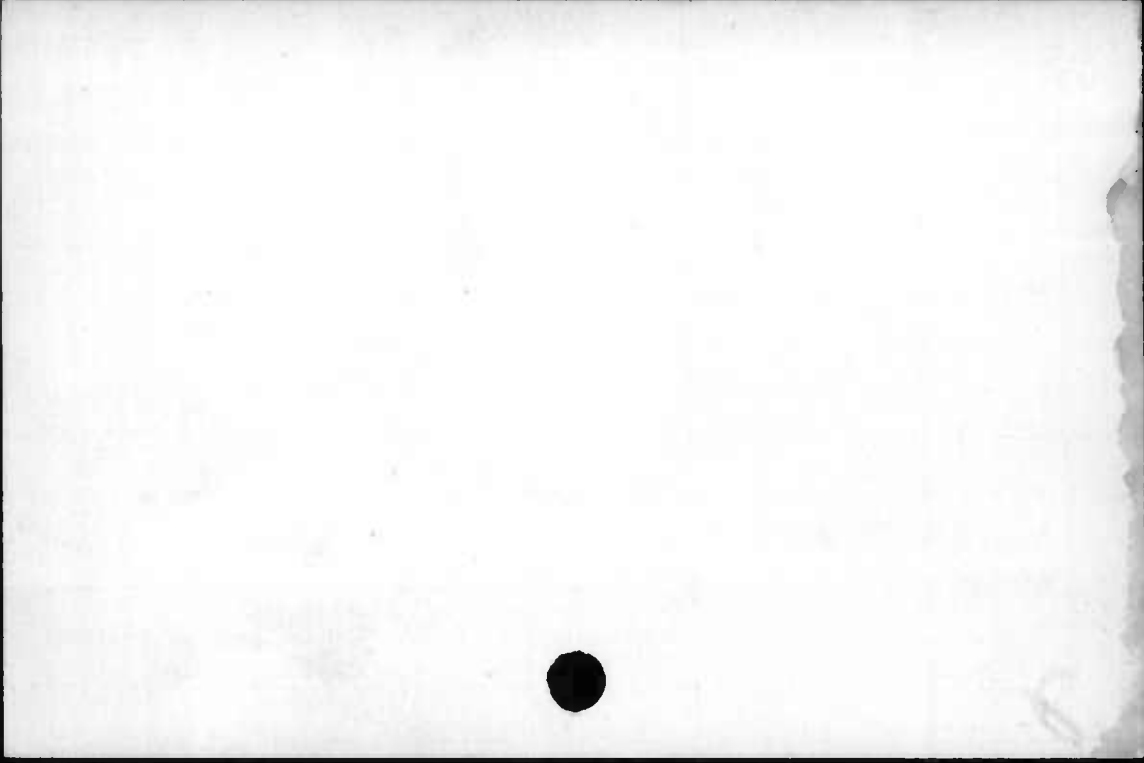
How long

*151*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Joseph A Ross Ind
Maple, Ind.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i>		Town		County <i>Talbot</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>1</i>	Age <i>26</i>	Years	Months <i>1</i>	Days <i>-</i>	
Sex <i>Male</i>	Color or Race <i>Beach</i>	Birthplace <i>Talbot Co</i>					
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Easton</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Joseph Smacewood</i>	Father's Birthplace <i>Caroline Co</i>						
Mother's Maiden Name <i>Sophia Banton</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Sophia Smacewood</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not Known</i>	How long <i>—</i>
Immediate <i>Heart Failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. F. Dandon</i>
	Address <i>Easton Md</i>
<i>Was dead when I reached him</i>	

Hammond Horn

Name
in
Full

George B. Parbutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

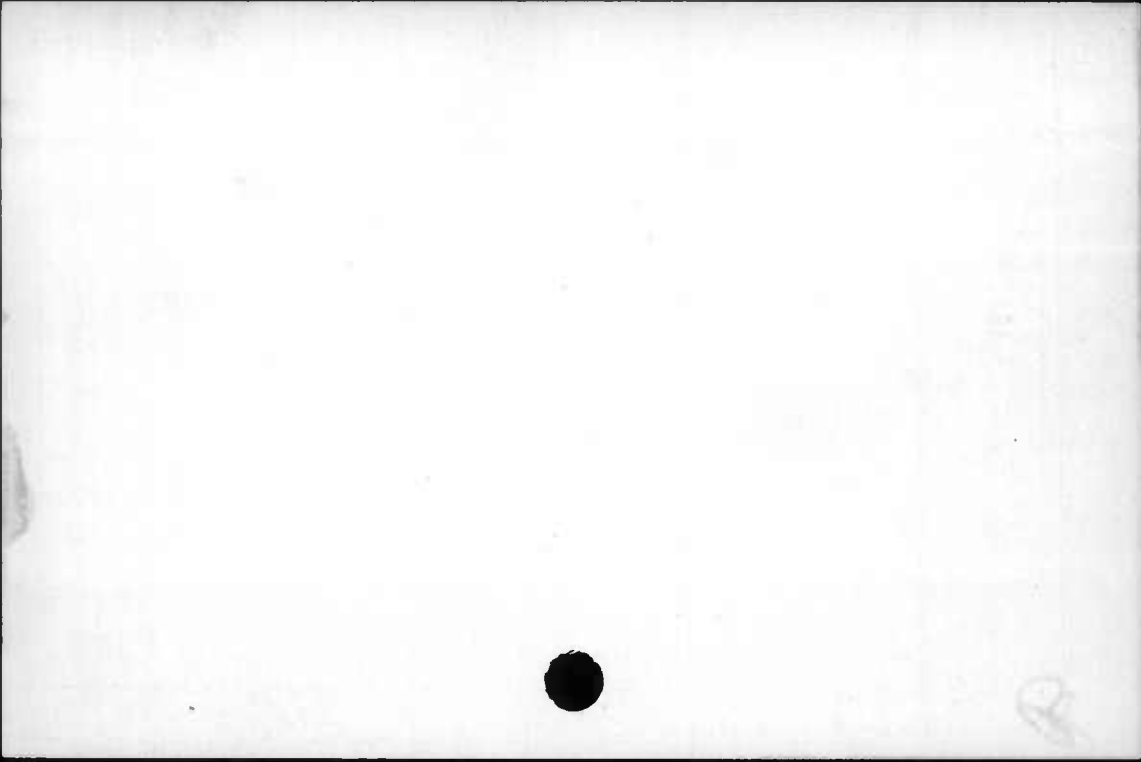
MARYLAND

Died at <u>Trape</u> Town		<u>Talbot</u> County			
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>16</u>	Age <u>45</u>	Years <u>5</u>	Months <u>✓</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Talbot Co.</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Elmer M. Parbutton</u>			
Father's Name <u>George W. Parbutton</u>			Father's Birthplace <u>Talbot Co.</u>		
Mother's Maiden Name <u>Mary J. Newnam</u>			Mother's Birthplace <u>Talbot Co.</u>		
Name of person giving information <u>Mary S. Parbutton</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Aortic incompetence Exposure</u>	How long <u>some months</u>
Immediate	<u>Collapse</u>	How long <u>monetary</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>William S. Seymour</u>
		Address <u>Trape, Md</u>
Accident or Suicide? <u>No</u>		



Name
In
Full

Bessie Turner



CERTIFICATE OF DEATH

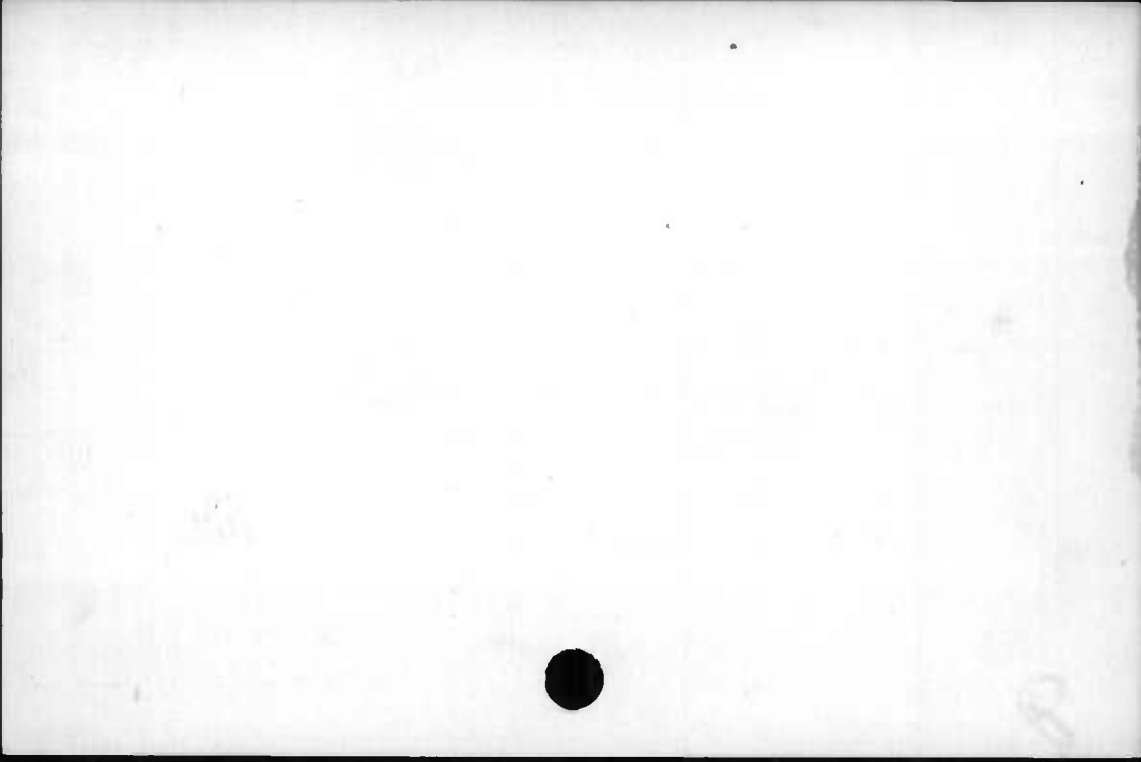
TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Trappe</i>		Town <i>Trappe</i>		County <i>Saltoe</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>11</i>	Day <i>7</i>	Age <i>16</i>	Years <i>16</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Saltoe Co, Md.</i>			
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>John H. Turner</i>				Father's Birthplace <i>Saltoe Co Md.</i>			
Mother's Maiden Name <i>Lottie Rose</i>				Mother's Birthplace <i>Saltoe Co Md.</i>			
Name of person giving information <i>Wm. Ashurst</i>				How related to deceased <i>Brother-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>Don't know</i>
Immediate <i>Sepsis</i>		How long <i>7 days -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Ross</i>	Address <i>Trappe, Saltoe Co, Md.</i>
<i>Yes</i>		
Accident or Suicide? <i>-</i>		



Name
in
Full

J. Elmer Williams

CERTIFICATE OF DEATH

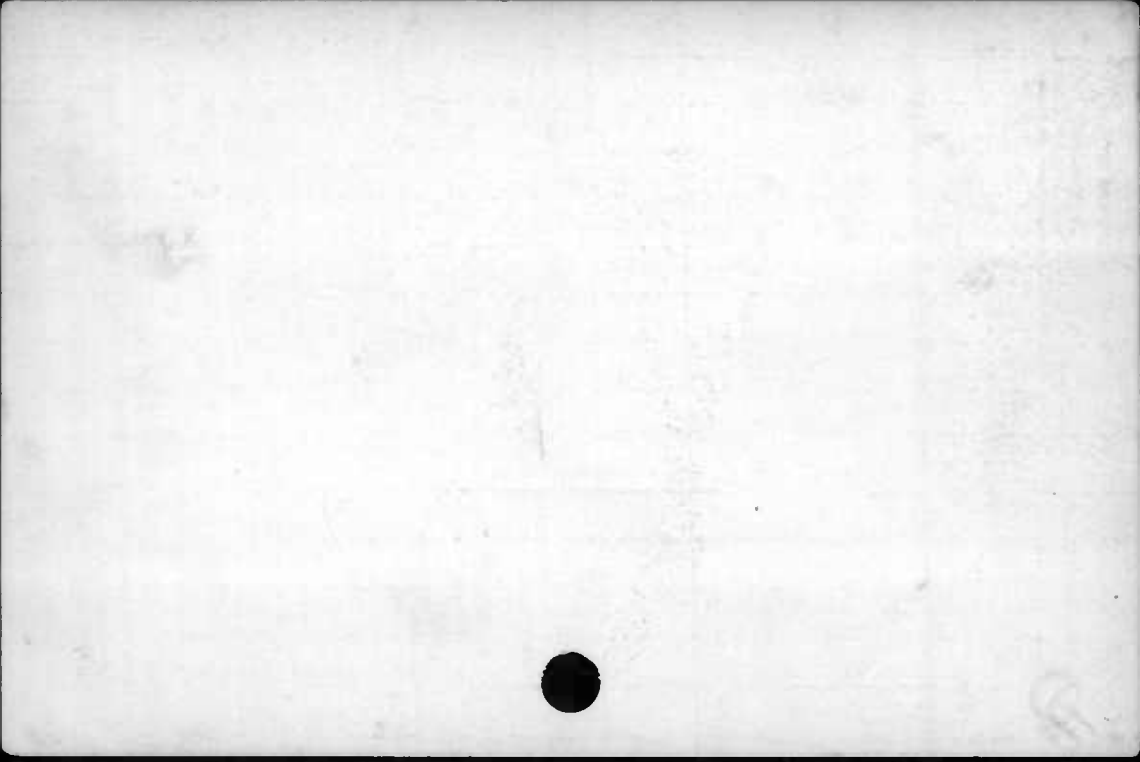
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Wintona^{County} TalbotDate of death 1906 ^{Month} Mar ^{Day} 4^{Years} Not known ^{Months} Not known ^{Days} Not knownSex MaleColor or Race WhiteBirthplace Not knownOccupation Team HandWhere Residing if not at place of death WintonaMarried, Single or Widowed WidowName of Wife or Husband Not knownFather's Name Not knownFather's Birthplace Not knownMother's Maiden Name Not knownMother's Birthplace Not knownName of person giving information Not knownHow related to deceased Not known

CAUSES OF DEATH

Primary Heart FailureHow long Not knownImmediate Not knownHow long Not knownAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Dr. J. B. DickAddress St MichaelAccident or Suicide? No



Name
in
Full

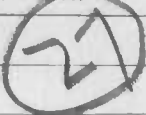
Mattie Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Troytown</i> Town		<i>Jalbot</i> County		MARYLAND	
Date of death	<i>1906</i> Year	<i>Nov</i> Month	<i>13</i> Day	Age <i>36</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Richmond Va</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Alfred Young</i>				
Father's Name <i>Henry Davis</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Husband</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>		How long <i>2 mos.</i>	
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. B. Hayward M.D.</i>	
	<i>yes</i>		Address <i>Easton Md.</i>	
Accident or Suicide?		<i>M.D.</i>		

Buried at
Drytown Nov 15